

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8897	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name William C Macchione P O Box Bldg Room No if any Street 112 Grove Road City Kings Park State New York ZIP Code + 4 11754	4 Name file number and address of labor organization Name Empire State Carpenters Apprenticeship Comm Labor Organization File Number 541-083 P O Box Building and Room Number if any Dept B Street 270 Motor Parkway City Hauppauge State New York ZIP Code + 4 11788
5 Position in labor organization Training/ Director/Trustee Carpenters Local 7	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>William Macchione</u>	On <u>08/12/2005</u> Date	<u>631 952 9555</u> Telephone Number

Name of Person Filing William Macchione	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Empire state Carpenters Apprenticeship Comm</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any Dept B</p> <p>Street 270 Motor Parkway</p> <p>City Hauppauge</p> <p>State New York ZIP Code + 4 11788</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Expenses for apprentice & training meetings travel educational conferences & expos trade shows training classes & to build relationships & to retain business & growth</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p>Meals</p> <p>12 b Amount \$1 851</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing William Macchione

File Number U

Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name Empire State Carpenters Apprenticeship Comm

Trade Name if any

P O Box Bldg Room No if any Dept B

Street 270 Motor Parkway

City Hauppauge

State New York ZIP Code + 4 11788

9 Business deals with

☒ a Labor Organization

☐ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Expenses for apprentice and training meetings
travel educational conferences & expos trade
shows training classes & to build relationships &
to retain business & growth

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Automobile Gas oil & repairs

12 b Amount

\$2 665

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Part B Continuation Page

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9 Business deals with

☒ a Labor Organization

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☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Expenses for apprentice and training meetings
travel educational conferences & expos trade
shows training classes & to build relationships &
to retain business & growth

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Lodging airfare & transportation

12 b Amount

\$7 896